

## Rent Allowance Request Form

The Rent Allowance Request Form is used to request a reduction in the awardee's portion of the monthly rent due to circumstances which make their current portion an undue hardship on them and/or their household.

|  |  |
|--|--|
| Head of household name: (Last, First): | Primary phone number or email address:     |
| Address:                               | Rent Allowance Amount Requested Per Month: |

Rent allowances are reviewed by AHAH Program Staff and approved on a case-by-case basis. To help staff make a determination, please be sure to include as much detail as the awardee is willing to provide about:

- The cause of the undue hardship (i.e., medical expenses, high utility bills, family emergency, etc.)
- The length of time the rent allowance is being requested for.
- A brief explanation of how this rent allowance will allow the household to maintain permanent housing.

| Explanation of Rent Allowance: |
|--------------------------------|
|                                |

**Important:** Apple Health and Homes Rental Assistance may take up to two weeks to make a final determination on a rent allowance. Once processed, the awardee and the FCS provider will be notified. In the case the rent determination changes, the landlord will also be notified.

I, (FCS provider name) \_\_\_\_\_, attest that I have verified, to the best of my ability, that the awardee listed above is in need of a rent allowance for the amount of time requested above and that the information provided on this form is true and accurate.

**FCS Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Once completed, this form is submitted by the FCS provider to Wellpoint**